

Continuing Education Report for Alabama Respiratory Therapy License

Name: _____ License #: _____ Reporting Period: _____

Description

1. Continuing education documented on AARC "Official CRCE Transcript" does not have to be listed separately, attach a copy of AARC transcript: **Total AARC CRCE hours earned:** _____

2. Continuing education provided by ASBRT-approved provider (complete section below)

| Date | Name of Program or Class or Other Description | Provider # | Institution and Location | Hours |
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Total ASBRT Provider hours earned: _____

(be sure to complete back side or page 2 of form)

3. Continuing education by other methods outlined in 798-X-8-.02 (3) through (8) as described on the back of this sheet.

| Date | Name of Program or Class or Other Description | Institution and Location | Hours |
|------|---|--------------------------|-------|
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Total “other” hours earned: _____

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|------------------------------|--|
| AARC CRCE hours | |
| ASBRT Provider hours | |
| Other hours | |
| Total CE hours earned | |

I have earned the required number of contact hours of Board-approved or Board-recognized continuing education within the designated earning period as described above. The above information represents a true accounting of the required continuing education contact hours for renewal of my respiratory therapy license and I understand that any untrue statements or representation made in this document may result in the revocation or denial of a license to practice respiratory therapy in Alabama and criminal prosecution to the fullest extent of the law.

Applicant’s Signature

Date